

<i>SERFF Tracking Number:</i>	<i>GARD-126295598</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>43632</i>
<i>Company Tracking Number:</i>	<i>REIN-2009</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.003 Long Term - Unrelated to marketing with employer or association groups</i>
<i>Product Name:</i>	<i>REIN-2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: REIN-2009

SERFF Tr Num: GARD-126295598 State: Arkansas

TOI: H111 Individual Health - Disability Income

SERFF Status: Closed-Approved-Closed
State Tr Num: 43632

Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups

Co Tr Num: REIN-2009

State Status: Approved-Closed

Filing Type: Form

Author: Cindy Ego

Reviewer(s): Rosalind Minor

Date Submitted: 09/29/2009

Disposition Date: 09/30/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/30/2009

Explanation for Other Group Market Type:

State Status Changed: 09/30/2009

Deemer Date:

Created By: Cindy Ego

Submitted By: Cindy Ego

Corresponding Filing Tracking Number: GARD-126295408

Filing Description:

The Guardian Life Insurance Company of America is submitting the above application for your review and approval. Form REIN-2009 is a new form and does not replace any previously approved applications. This form is filed in our state of domicile, New York, concurrently. If the form submitted in your state contains a state suffix, all references in this letter to such form number without a state suffix apply to the suffixed version submitted.

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Product Name: *REIN-2009*

Project Name/Number: */*

Application REIN-2009 will be used to apply for reinstatement of individual disability income insurance policies by both Berkshire Life Insurance Company of America (Berkshire Life) and The Guardian Life Insurance Company of America (Guardian). Berkshire Life is a wholly owned subsidiary of Guardian. A separate filing will be submitted on behalf of Berkshire. We would appreciate any efforts you can make to coordinate the review of this forms for the two companies.

In addition to using this application in the traditional paper situation, we also plan to use this application to take applications electronically using a computer. When the application is completed in this manner the application and all required forms will be printed at the end of the process and signed by the applicant. Under the electronic application procedure described above, the completed application at the end of the process will be an exact copy of the application forms as approved by your Department.

Marketing

Our policies are marketed in an individual basis through our agency distribution system. Our products are mainly marketed to professionals such as physicians, attorneys and small business owners. Our policies are underwritten on an individual basis using information supplied or authorized by the applicant.

Company and Contact

Filing Contact Information

Cindy Ego, Compliance Specialist	
700 South Street	413-395-4319 [Phone]
Pittsfield, MA 01201	

Filing Company Information

The Guardian Life Insurance Company of America	CoCode: 64246	State of Domicile: New York
7 Hanover Square	Group Code: 429	Company Type: Life
New York, NY 10004	Group Name:	State ID Number:
(212) 598-8704 ext. [Phone]	FEIN Number: 13-5123390	

Filing Fees

Fee Required?	No
Retaliatory?	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$0.00	09/29/2009	

SERFF Tracking Number:	GARD-126295598	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/30/2009	09/30/2009

<i>SERFF Tracking Number:</i>	<i>GARD-126295598</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>REIN-2009</i>		
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Disposition

Disposition Date: 09/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126295598 State: Arkansas

Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 43632

Company Tracking Number: REIN-2009

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups

Product Name: REIN-2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	application for Disability Insurance	Approved-Closed	Yes
	Reinstatement		

SERFF Tracking Number: GARD-126295598 State: Arkansas

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TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups

Product Name: REIN-2009

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Form Schedule

Lead Form Number: REIN-2009

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/30/2009	REIN-2009	Application/ Enrollment Form	application for Disability Insurance Reinstatement	Initial		52.100	REIN-2009.pdf



☐ **BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of and an administrator for The Guardian Life Insurance Company of America, New York, NY

☐ **THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**

Administrative Office: 700 South Street, Pittsfield, MA 01201

(Please check appropriate company(ies). Any insurer checked above is herein referred to as the "Company.")

Application for Disability Insurance Reinstatement

I. Insured Information

a. Insured Name (First, Middle Initial, Last) _____

d. Billing Address (Street, City, State, ZIP) _____

b. Policy Numbers _____

c. Home Address (Street, City, State, ZIP) _____

e. Telephone: Home (____) _____ - _____

Cell (____) _____ - _____

E-mail Address _____

2. Employment Information

a. Name of Employer _____

b. Current Occupation(s) _____

c. Current Annual Earned Income \$ _____

d. Exact Duties _____

e. Are you presently employed and actively at work at least 30 hours per week in the occupation(s) listed? ☐ Yes ☐ No

f. Have you been disabled or unemployed in the last 18 months? ☐ Yes ☐ No

g. Other than the insurance policy or policies which you are seeking to reinstate by this application, do you have any additional individual or group disability insurance in force, or for which you have applied? ☐ Yes ☐ No

If yes, please describe the amount and type of disability insurance, as well as the insurer. _____

3. Medical History

a. In the last 18 months:

i. have you had, been diagnosed as having or been treated for any illness, injury, disease, medical or psychological condition? ☐ Yes ☐ No

ii. have you had, or been recommended to have, any surgical procedure? ☐ Yes ☐ No

iii. have you had, or been recommended to have, any MRI, X-ray, PET scan, CT, CAT scan or diagnostic testing? ☐ Yes ☐ No

b. Have you consulted a physician or other health care provider for any illness, injury, disease or medical condition for which you were diagnosed within the last 18 months? ☐ Yes ☐ No

c. Do you have, or have you been diagnosed with, any of the following: cancer, HIV/AIDS, heart disease, stroke, arthritis, any psychological, psychiatric or neurological disorder, or any disease or disorder of the liver, lungs, pancreas, digestive tract or kidneys? ☐ Yes ☐ No

4. Representations of the Insured and Owner

The party who signs below understands and agrees that:

1. The policy(ies) identified above have lapsed for non-payment of premium and provide no coverage.

2. This Application for Disability Insurance Reinstatement will form the basis for, and become part of and attached to, any policy which is reinstated.

3. The policy(ies) for which this Application for Disability Insurance Reinstatement is being made will not be reinstated nor take effect until the date the Company approves this Application for Disability Insurance Reinstatement and all premiums that are due are paid.

4. All of the statements that are part of this application are correctly recorded, and are complete and true to the best of the knowledge and belief of the person who made them.

5. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment, or may lead to rescission of any policy that is reinstated based on this application.

6. No agent or broker has any right to accept risks, make or change contracts, or to waive or modify any of the Company's rights or requirements.

7. It is agreed that the acceptance by the Company or its legal representatives of the premiums now in default shall not be taken as precedent for future similar action and that receipt of this application and premium tender shall not bind the Company until this application is approved at its address shown above.

8. The reinstatement of this policy shall be contestable at any time within two years from the reinstatement approval date.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at _____ this _____ day of _____, _____
City and State Day Month Year

Signature of Named Insured Applying for Reinstatement

Signature of Owner (if different from named insured)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/30/2009
Comments:		
Attachment:		
Guard FLESCH CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	09/30/2009
Comments:		
This is an application filing. The application is attached to the form schedule.		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	09/30/2009
Bypass Reason: n/a - this is an application filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	09/30/2009
Bypass Reason: n/a - this is an application filing.		
Comments:		

The Guardian Life Insurance Company of America
7 Hanover Square
New York NY 10004

CERTIFICATION

This is to certify that the policy forms listed below comply with the readability ease standards of the Life and Health Policy Language Simplification Act, Section 5a.

<u>Form Number</u>	<u>Syllables</u>	<u>Words</u>	<u>Sentences</u>	<u>Flesch Score</u>
REIN-2009	1,091	700	21	52.1



John J. Monahan
Director, Individual Markets Compliance